



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Shinkawa	Rodney	R	524-5161
MAILING ADDRESS (Street)			FAX
1000 Bishop Street Suite 301B			521-4120
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813-4203	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

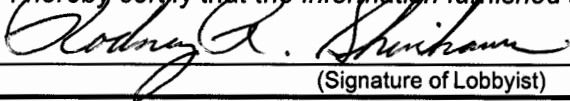
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Bankers Association		524-5161
MAILING ADDRESS (Street)		FAX
1000 Bishop Street Suite 301B		521-4120
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813-4203
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Rodney R. Shinkawa		524-5161
MAILING ADDRESS (Street)		FAX
1000 Bishop Street Suite 301B		521-4120
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813-4203

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	Public Safety & Corrections	

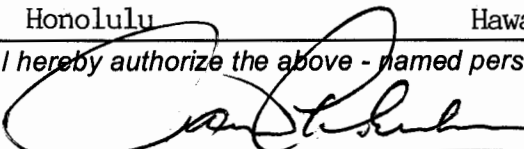
PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

1/05/2005
(Date)

PART V AUTHORIZATION TO LOBBY

NAME Warren K. K. Luke		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President	
NAME OF ORGANIZATION (if applicable) Hawaii Bankers Association		TELEPHONE 524-5161	
MAILING ADDRESS (Street) 1000 Bishop Street Suite 301B		FAX 521-4120	
(City) Honolulu	(State) Hawaii	(Zip Code) 96813-4203	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		January 5, 2005 (Date)	